

SES PROVIDER APPLICATION**Part B****PROVIDER SERVICE SUMMARY**

(This information will be available on-line to parents, schools, and the general public.)

PROVIDER INFORMATION

NAME OF PROVIDER: Juntos Development Solutions, LLC

MAILING ADDRESS: ~~1101 Blenden Place~~ 4765 Trees Edge LaneCITY: ~~St. Louis~~ Florissant STATE: MO ZIP CODE: ~~63117~~ 63033

PHONE NUMBER: (314) 371-1303

FAX NUMBER: (314) 534-4334

E-MAIL ADDRESS: juntos2004@sbcglobal.net

PRIMARY CONTACT INFORMATION

NAME: Maggie Hourd-Bryant

PHONE NUMBER: (314) 371-1303

E-MAIL ADDRESS: juntos2004@sbcglobal.net

SERVICES**Provider status—check all that apply:**

- ☒ For-profit organization
☐ Non-profit organization
☐ Faith-based organization

- ☐ School district
☐ School building
☐ Individual
☐ Other: _____

Areas to be served by provider:

- ☐ All school districts in Missouri
☒ Specific districts or counties. Please list: Dunkin, New Madrid, Pemiscot, Scott, St. Charles, Franklin, ☺

Number of sessions per week: Up to 4 (depending on site and student individual learning plan)**Minimum/maximum numbers:**

Minimum number of students required before offering services: 10

Maximum number of students to be served at a session: 3 (student)

Cost per session: \$35.00**Proposed location of service delivery:**

- ☒ Student's school site (if negotiated with the district)
☒ Provider site
☒ Other--explain: We work through existing community based organizations as well.

If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee?

(Note: Districts are not required to provide or pay for transportation).

Transportation is provided through our partner sites. We provide a matching stipend to the site out of our fee.

Certification of instructors:

- ☐ Baccalaureate degree in education
☐ Baccalaureate degree in related field of instruction. Please list related field(s): _____
☐ Reading Specialist
☒ Other: Must have a minimum of sixty college semester hours and be supervised by Master's Level Ed. staff.

Additional education and/or experience:

- ☐ Masters level degrees or above in either reading or mathematics
☐ Missouri teacher certificated/licensed teachers
☒ Experience teaching students with specific disabilities
☒ Experience teaching LEP students
☒ Ability to speak languages other than English. Please list: Spanish and Ebonics
☒ Other: Must be certified through Bright Sky and MathLine

Tutoring subjects available:

☒ Reading ☒ Writing ☒ Math

Grade Levels Served:

☒ K-2 ☒ 3-5 ☒ 6-8 ☒ 9-12

Title or description of tutoring curriculum utilized: Smart Way Reading & Spelling and MathLine

Time of Service:

☐ Before School
☒ After School
☒ Weekends
☒ Summer
☐ Other: _____

Mode of Instructional Delivery:

☒ Individual one-on-one tutoring
☒ Small group instruction (2 to 5 students)
☐ Large group instruction (6 to 10 students)
☐ On-Line/Web-based
☐ Other: _____

Specifics of reporting to parents & school (check all that apply):**Method:**

☒ letters
☒ phone calls
☒ conference with parents
☐ conference with parents & school
☐ other: _____

Frequency:

☐ weekly
☐ bi-monthly
☒ monthly
☒ other: As needed

Specific Student Populations Served:

Recent evaluation indicate student gains of 1 to 3 grade levels who participate in the Bright.
If your organization has provided supplemental services to any of the following groups, please check the corresponding box.

☒ Low-income students
☒ Minority students
☒ Migrant students
☒ Limited English proficient students (LEP)
☐ Special education students
☐ Other—describe: _____
☐ Please indicate if you wish to only be considered for service toward specific subgroups of children because of special expertise in some areas.
Indicate subgroups: _____

Effectiveness:

Give a brief description of evidence you have that demonstrates effectiveness of your program/services. (This will be shared with parents).

Recent evaluation indicate student gains of 1 to 3 grade levels who participate in the Bright.

Sky Learning Program.